

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000082159

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** TODD DORROH BRADLEY PARKER INSURANCE, INC.

**Current Principal Place of Business:**

14201 WEST SUNRISE BLVD.  
SUITE 103  
SUNRISE, FL 33323

**New Principal Place of Business:**

3860 HERON RIDGE LANE  
WESTON, FL 33331

**Current Mailing Address:**

14201 WEST SUNRISE BLVD  
SUITE 103  
SUNRISE, FL 33323

**New Mailing Address:**

4581 WESTON ROAD #377  
WESTON, FL 33331

**FEI Number:** 57-1180005

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DORSCH, DELORES S  
14201 WEST SUNRISE BLVD.  
SUITE 103  
SUNRISE, FL 33323 US

**Name and Address of New Registered Agent:**

DORSCH, DELORES S S/T  
3860 HERON RIDGE LANE.  
WESTON, FL 33331 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DELORES S DORSCH

03/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TODD, FRANCINE P  
Address: 3860 HERON RIDGE LANE  
City-St-Zip: WESTON, FL 33331

Title: S/T  
Name: DORSCH, DELORES S S/T  
Address: 3860 HERON RIDGE LANE  
City-St-Zip: WESTON, FL 33331

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DELORES S DORSCH

S/T

03/18/2011

Electronic Signature of Signing Officer or Director

Date